

Department of SOCIAL SERVICES

Community Care Licensing

COMPLAINT INVESTIGATION REPORT

Facility Number: 374601952
Report Date: 03/18/2025
Date Signed: 03/18/2025 02:35:29 PM

Unfounded

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
COMPLAINT INVESTIGATION REPORT	

This is an official report of an unannounced visit/investigation of a complaint received in our office on **03/12/2025** and conducted by Evaluator Rebecca A Borunda

	COMPLAINT CONTROL NUMBER: 08-AS-20250312131526
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FACILITY NAME: BROOKDALE OCEANSIDE	FACILITY NUMBER: 374601952
ADMINISTRATOR: CANDI LAIRD	FACILITY TYPE: 740
ADDRESS: 3524 LAKE BLVD	TELEPHONE: (760) 945-1811
CITY: OCEANSIDE	STATE: CA
CAPACITY: 186	ZIP CODE: 92056
	CENSUS: 100
MET WITH: Executive Director Candi Laird	DATE: 03/18/2025
	UNANNOUNCED TIME BEGAN: 09:45 AM
	TIME COMPLETED: 02:40 PM

ALLEGATION(S):

1	Unlawful Eviction
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INVESTIGATION FINDINGS:

1	Licensing Program Analyst (LPA) Rebecca Borunda conducted an unannounced complaint visit to open an investigation and deliver findings regarding the above-mentioned allegation. LPA identified herself to,
2	was greeted by, and explained the purpose of the visit to Executive Director Candi Laird.
3	
4	
5	During today's visit, LPA toured the facility, observed residents in care, reviewed and obtained copies of
6	facility records, and interviewed residents and staff.
7	
8	The Department's investigation consisted of interviews with Resident 1 (R1), staff, outside sources,
9	review of facility records, and a tour of the facility. It was alleged that the facility issued R1 an unlawful
10	eviction in July 2024. Review of R1's admission paperwork revealed that R1 and their responsible party
11	signed admission paperwork and physically moved into the facility in August 2022.
12	
13	Continued on LIC9099-C page...

Unfounded	Estimated Days of Completion: 0
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NAME OF LICENSING PROGRAM MANAGER: Jennifer Lott
NAME OF LICENSING PROGRAM ANALYST: Rebecca A Borunda
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 03/18/2025

I acknowledge receipt of this form and understand my licensing appeal rights as explained and received.

FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 03/18/2025

This report must be available at Child Care and Group Home facilities for public review for 3 years.
LIC9099 (FAS) - (06/04) Page: 1 of 3

Control Number 08-AS-20250312131526

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION SAN DIEGO RO, 7575 METROPOLITAN DR. #109 SAN DIEGO, CA 92108
COMPLAINT INVESTIGATION REPORT (Cont)	

FACILITY NAME: BROOKDALE OCEANSIDE **FACILITY NUMBER:** 374601952
VISIT DATE: 03/18/2025

NARRATIVE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	<p>Review of R1's admission agreement signed in August 2022 revealed that the facility issued monthly statements listing the itemized rate and service charges, or basic rate, which were due on the 1st of every month. Interviews with an outside source, facility staff, and review of R1's account history revealed that starting in approximately December 2023, R1 did not pay the full basic rate at the facility. Interviews with an outside source and facility management confirmed that R1 had depleted their finances and did not have enough money to continue to pay the basic rate at the facility. Interviews revealed that when facility management became aware of R1's financial issues in November 2023, facility management provided R1's responsible party with contact information for alternative placement options and referral agencies. Additionally, multiple third party agencies assisted in trying to find alternative placement for R1. Those interviews with facility management and review of facility communication revealed that facility management also made phone calls to alternative placement options and referred any information to R1's responsible party.</p> <p>Review of R1's admission agreement signed August 2022 stated that the facility could issue an eviction notice to any residents who did not pay the basic service rate within ten days of the due date. On July 23, 2024, the facility issued a 30-day eviction notice to R1 for failure to pay from January 2024 to July 2024 and provided physical copies to R1 and their responsible party, which was confirmed via interviews. The eviction notice did state that R1 submitted partial payments in May 2024 and July 2024, however, there was still an outstanding balance as of the date of the eviction notice. Review of R1's account history report confirmed the partial payments and outstanding balance. The eviction notice stated that if R1 was able to pay the entire outstanding balance prior to August 23, 2024, the facility would not move forward with eviction. The eviction was hand delivered to R1, which was confirmed via interviews and review of the affidavit of hand delivery document signed by R1, the facility's Executive Director, and a witness on 7/23/2024. R1's responsible party was also mailed a copy of the eviction notice on 7/23/2024, which was confirmed via interview and signed affidavit of service by mail, signed by the Executive Director. Review of documents received by the Department revealed that the facility also submitted a copy of R1's eviction notice to the Department on 7/24/2024 and the eviction notice did not lack any required language, resources, effective date, or any other regulatory requirements that would have made the eviction notice invalid.</p> <p>Continued on LIC9099-C page...</p>
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NAME OF LICENSING PROGRAM ANALYST: Rebecca A Borunda
LICENSING PROGRAM ANALYST SIGNATURE: _____
DATE: 03/18/2025

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FACILITY REPRESENTATIVE SIGNATURE: _____
DATE: 03/18/2025

LIC9099 (FAS) - (06/04) Page: 2 of 3
Control Number 08-AS-20250312131526

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY	CALIFORNIA DEPARTMENT OF SOCIAL SERVICES COMMUNITY CARE LICENSING DIVISION
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**COMPLAINT INVESTIGATION REPORT
(Cont)**

SAN DIEGO RO, 7575 METROPOLITAN DR. #109
SAN DIEGO, CA 92108

FACILITY NAME: BROOKDALE OCEANSIDE

FACILITY NUMBER: 374601952

VISIT DATE: 03/18/2025

NARRATIVE

1 Review of Exhibit E of the Admission Agreement revealed that R1's responsible party confirmed
2 understanding that the facility was private pay and was unable to accept or retain residents who were
3 eligible for Supplemental Security Income (SSI). Per interviews, R1's responsible party made attempts
4 to have R1 enrolled in the Assisted Living Waiver Program (ALWP), however, review of the ALWP
5 website revealed that as of 3/12/2025, the facility was not listed as an ALWP participating facility.
6 Interviews with an outside source revealed that R1 remained at the facility after the eviction's effective
7 date of August 23, 2024, which was confirmed by interviews with facility staff, outside sources, as well
8 as visually confirmed by LPA Borunda during an onsite visit on 3/18/2025. Interviews with an outside
9 source denied any concerns regarding the care that R1 received at the facility prior to or after the
10 eviction notice being issued. Review of court records revealed that on 2/19/2025, the facility filed for an
11 unlawful detainer with County of San Diego Superior Court against R1 for the unpaid balance and
12 eviction. According to facility management, the unlawful detainer is pending with Superior Court as of
13 3/18/2025.
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15 The Department has investigated the above-mentioned allegation and based on interviews and records
16 review, this allegation is deemed unfounded, meaning that the allegation was false, could not have
17 happened and/or is without a reasonable basis.
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19 An exit interview was conducted with Executive Director Candi Laird, whose signature below confirms
20 receipt of a copy of this report and the Licensee Appeal Rights (LIC9058 3/22).
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NAME OF LICENSING PROGRAM MANAGER: Jennifer Lott

NAME OF LICENSING PROGRAM ANALYST: Rebecca A Borunda

LICENSING PROGRAM ANALYST SIGNATURE:

DATE: 03/18/2025

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DATE: 03/18/2025